

|             |  |  |  |   |  |  |  |
|-------------|--|--|--|---|--|--|--|
| CLAIMS ONLY |  |  |  | Application Number<br><div style="font-size: 1.5em; font-weight: bold;">10/024139</div> |  | Filing Date<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  |
|             |  |  |  | Applicant(s)  |  |  |  |
|             |  |  |  | * May be used for additional claims or amendments                                       |  |  |  |

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            |          |        |                       |        |                        |        |
| 2            |          |        |                       |        |                        |        |
| 3            |          |        |                       |        |                        |        |
| 4            |          |        |                       |        |                        |        |
| 5            |          |        |                       |        |                        |        |
| 6            |          |        |                       |        |                        |        |
| 7            |          |        |                       |        |                        |        |
| 8            |          |        |                       |        |                        |        |
| 9            |          |        |                       |        |                        |        |
| 10           |          |        |                       |        |                        |        |
| 11           |          |        |                       |        |                        |        |
| 12           |          |        |                       |        |                        |        |
| 13           |          |        |                       |        |                        |        |
| 14           |          |        |                       |        |                        |        |
| 15           |          |        |                       |        |                        |        |
| 16           |          |        |                       |        |                        |        |
| 17           |          |        |                       |        |                        |        |
| 18           |          |        |                       |        |                        |        |
| 19           |          |        |                       |        |                        |        |
| 20           |          |        |                       |        |                        |        |
| 21           |          |        |                       |        |                        |        |
| 22           |          |        |                       |        |                        |        |
| 23           |          |        |                       |        |                        |        |
| 24           |          |        |                       |        |                        |        |
| 25           |          |        |                       |        |                        |        |
| 26           |          |        |                       |        |                        |        |
| 27           |          |        |                       |        |                        |        |
| 28           |          |        |                       |        |                        |        |
| 29           |          |        |                       |        |                        |        |
| 30           |          |        |                       |        |                        |        |
| 31           |          |        |                       |        |                        |        |
| 32           |          |        |                       |        |                        |        |
| 33           |          |        |                       |        |                        |        |
| 34           |          |        |                       |        |                        |        |
| 35           |          |        |                       |        |                        |        |
| 36           |          |        |                       |        |                        |        |
| 37           |          |        |                       |        |                        |        |
| 38           |          |        |                       |        |                        |        |
| 39           |          |        |                       |        |                        |        |
| 40           |          |        |                       |        |                        |        |
| 41           |          |        |                       |        |                        |        |
| 42           |          |        |                       |        |                        |        |
| 43           |          |        |                       |        |                        |        |
| 44           |          |        |                       |        |                        |        |
| 45           |          |        |                       |        |                        |        |
| 46           |          |        |                       |        |                        |        |
| 47           |          |        |                       |        |                        |        |
| 48           |          |        |                       |        |                        |        |
| 49           |          |        |                       |        |                        |        |
| 50           |          |        |                       |        |                        |        |
| Total Indep  |          |        | 4                     |        |                        |        |
| Total Depend |          |        | 6                     |        |                        |        |
| Total Claims |          |        | 10                    |        |                        |        |

|    | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|----|----------|--------|-----------------------|--------|------------------------|--------|
|    | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 51 |          |        |                       |        |                        |        |
| 52 |          |        |                       |        |                        |        |
| 53 |          |        |                       |        |                        |        |
| 54 |          |        |                       |        |                        |        |
| 55 |          |        |                       |        |                        |        |
| 56 |          |        |                       |        |                        |        |
| 57 |          |        |                       |        |                        |        |
| 58 |          |        |                       |        |                        |        |
| 59 |          |        |                       |        |                        |        |
| 60 |          |        |                       |        |                        |        |
| 61 |          |        |                       |        |                        |        |
| 62 |          |        |                       |        |                        |        |
| 63 |          |        |                       |        |                        |        |
| 64 |          |        |                       |        |                        |        |
| 65 |          |        |                       |        |                        |        |
| 66 |          |        |                       |        |                        |        |
| 67 |          |        |                       |        |                        |        |
| 68 |          |        |                       |        |                        |        |
| 69 |          |        |                       |        |                        |        |
| 70 |          |        |                       |        |                        |        |
| 71 |          |        |                       |        |                        |        |
| 72 |          |        |                       |        |                        |        |
| 73 |          |        |                       |        |                        |        |
| 74 |          |        |                       |        |                        |        |
| 75 |          |        |                       |        |                        |        |
| 76 |          |        |                       |        |                        |        |
| 77 |          |        |                       |        |                        |        |
| 78 |          |        |                       |        |                        |        |
| 79 |          |        |                       |        |                        |        |
| 80 |          |        |                       |        |                        |        |
| 81 |          |        |                       |        |                        |        |
| 82 |          |        |                       |        |                        |        |
| 83 |          |        |                       |        |                        |        |
| 84 |          |        |                       |        |                        |        |
| 85 |          |        |                       |        |                        |        |
| 86 |          |        |                       |        |                        |        |
| 87 |          |        |                       |        |                        |        |
| 88 |          |        |                       |        |                        |        |
| 89 |          |        |                       |        |                        |        |
| 90 |          |        |                       |        |                        |        |
| 91 |          |        |                       |        |                        |        |
| 92 |          |        |                       |        |                        |        |
| 93 |          |        |                       |        |                        |        |
| 94 |          |        |                       |        |                        |        |
| 95 |          |        |                       |        |                        |        |
| 96 |          |        |                       |        |                        |        |
| 97 |          |        |                       |        |                        |        |

10 | 024139

Filing Date

Applicant(s)

6-29-04

\* May be used for additional claims or amendments